REMARKS/ARGUMENTS

In the specification, references to FIG. 1A have been removed because that figure was inadvertently omitted from the drawings originally submitted with the application. It is believed that the specification adequately describes to one of ordinary skill in the art in text what was shown in the omitted drawing. Thus, the omitted figure is unnecessary and any reference to it is also unnecessary. No new matter has been added.

Claims 1-18 were withdrawn from further consideration in view of the Examiner's earlier restriction requirement and Applicant's election to pursue claims 19-30 in the present application. Claims 1-18 have now been cancelled in this application. Applicants retain the right to present claims 1-18 in divisional applications.

Claims 19-21, 24, 28 and 30 stand rejected under 35 U.S.C. § 102(e) as being anticipated by Batch US 2005/0119914. Claims 22, 25 and 26 stand rejected under 35 U.S.C. § 103(a) as being unpatentable over Batch US 2005/0119914 in view of Say et al. US 2003/0187338. Claims 23 and 29 stand rejected under 35 U.S.C. § 103(a) as being unpatentable over Batch US 2005/0119914 in view of Shapiro et al. US 2005/0075544. Dependent claim 27 was objected to but deemed to be allowable if rewritten in independent form.

Applicants gratefully acknowledge that claim 27 has been deemed allowable and amend it to be in independent form and include all of the limitations of its base claim (original claim 19) and any intervening claims (none). Thus, claim 27 should be in allowable form as a result of this amendment. New claims 41-44, which depend from claim 27 and at least derive their patentability therefrom have been added.

With respect to the rejections based on Batch US

2005/0119914, claims 19 and 30 have been amended to more distinctly define the present invention as discussed below. These amendments are supported by the description on pages 14, lines 23-30 and page 39, line 21 through page 40, line 26.

Batch US 2005/0119914 discloses a system and method for analyzing medical treatment data for determining medical treatment guidelines. Medication administration devices and vital signs monitoring devices are disclosed at the patient's bedside 3 (FIG. 1). The medication administration device, a pump 92, a vital signs sensor 94, and the general system architecture are shown in greater detail in FIG. 2. Various processors, computers, or CPUs are connected to the medical devices throughout a hospital. Displays 64, 74, 84 are disclosed as being associated with some of the CPUs, such as the pharmacy CPU 60, the nurse station CPU 70 and the bedside CPU 80 respectively. The nurse station CPU 70 and the bedside CPU 80 have touch screens 73, 83 respectively.

Batch discloses that various status reports relating to the medical devices, the patient and the infusion regimens being performed thereon can be sent to various CPUs within the system for display or viewing by a caregiver or other medical personnel. As noted by the Examiner, in paragraph 0068, lines 26-35, Batch discloses that a nurse, doctor or technician may use the touch screen to view status and adjust the infusion regimen. Of course, when the infusion regimen is adjusted, the values output or displayed on the screen change accordingly. However, the present invention deals with a method and system through which a user can customize or configure the characteristics of the output of the medical device (i.e., how the output looks or sounds), not what values are output or displayed.

The Examiner cites paragraph 0068, lines 19-25; paragraph 0072, lines 3-5; and an unspecified paragraph, lines 6-16 as disclosing the supplying of display criteria to the medical device to configure its output. The cited portion of paragraph 0068 discloses what information can be included from the clinical monitoring and event history reports on the display 74 at the nursing station. The cited portion of paragraph 0072 discloses what information can be provided in the clinical device tracking and reporting module record. Nowhere does Batch disclose that the output of the medical device itself or the CPU and touch screen associated with the medical device is selectively configurable by a user for general characteristics or attributes that are independent of the particular infusion regimen performed or being performed.

The closest teaching Batch provides is in paragraph 0065, lines 1-8 and paragraph 0069, lines 7-16. In paragraph 0065, lines showing on-going drug administrations that will terminate within a pre-selected time period may be color highlighted on the display. In paragraph 0069, when an alarm occurs during an on-going infusion, a box representing the patient's room flashes red. However, both of these output variations relate to medication orders and appear to be established by the system provider. There is no disclosure or suggestion that either of these features is configurable or customizable by the user.

Say et al., in US 2003/0187338, disclose different types of alarms for different conditions sensed by a monitoring device or sensor used in conjunction with a drug delivery system. However, there is no teaching that the alarms are automatically customizable by a user of the device based upon criteria that are independent from or unrelated to the status of the device.

Shapiro et al., in US 2005/0075544, disclose a system and method for managing an endoscopic lab, wherein data is collected by a user about a patient's preferred language and hearing ability. Apparently this data is stored in a computer system under a Patient Assessment screen. However, there is no teaching about customizing the audio or visual output of the endoscope, much less a medical pump, according to the patient's preferred language or hearing ability. The data collected is not used to configure the display of the medical device, which in the system of Shapiro et al. is the endoscope.

Thus, it is can be seen that the present invention, as defined in amended claims 19-26 and 28-30 is not disclosed or taught by Batch, Say et al., Shapiro et al., or the other prior art of record.

New claims 31-40 have been added for consideration. These claims are supported by the description on page 39, line 21 through page 40, line 26. These claims clarify that the present invention also allows certain criteria and user defined criteria related rules, which are independent of medication order status and history, to be used to customize how a medical pump configures its audio or visual output.

A Petition for Extension of Time by three (3) months is submitted herewith and includes an authorization to pay the appropriate fee by deposit account.

The application originally had 30 total claims, 10 of which were independent. The application now has 26 total claims, 3 of which are independent. Therefore, no additional fees are believed to be due in connection with this amendment. However, the Commissioner is authorized to charge Deposit Account 50-3118 for any additional fees (or credit any over payments) that may be required in association with this communication.

Applicants respectfully request favorable consideration of the claims in this application and issuance of a timely Notice of Allowance.

Respectfully submitted,
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